

**The State Bar of California**  
**EMERITUS ATTORNEY PRO BONO PARTICIPATION PROGRAM**  
**Application and Sworn Statement Form**

- I am an active member of the State Bar of California and wish to apply for the Emeritus Attorney Pro Bono Participation Program.
- I understand that a transfer to inactive status will require a written statement from me.
- I understand that I must reapply each year to be admitted to this program annually.
- I understand that I must comply with Minimum Continuing Legal Education requirements.
- I have been engaged in the practice of law, have served as a judge, or have engaged in a combination of practice of law and service as a judge in California for a minimum of three out of the eight years immediately preceding the date of this application.
- I was admitted to the practice of law in the United States at least ten years preceding the date of this application.
- I am a member of the State Bar and have no record of public discipline for professional misconduct imposed at any time within the past fifteen years by the California Supreme Court, the State Bar, or any other jurisdiction in which I am admitted, and I did not resign or retire from the practice of law with disciplinary charges pending.
- I have read and am familiar with the Rules of Professional Conduct and provisions of the State Bar Act (Business and Professions Code, Section 6000 et seq.) relating to the professional duties and obligations of an attorney and will abide by the provisions thereof.
- I will neither ask for nor accept compensation of any kind for the legal services authorized hereunder.
- I have not engaged in the practice of law nor do I intend to practice law during applicable year except in association with the qualified legal services provider or State Bar-certified lawyer referral service named below.

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed this \_\_\_\_\_, at \_\_\_\_\_, California.  
(date)

Signature: \_\_\_\_\_ State Bar Number: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**I have reviewed this application and confirm that the applicant will provide pro bono legal services with the qualified legal services provider or State Bar-certified lawyer referral service named below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director/Coordinator (print): \_\_\_\_\_

Program Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return the completed form to: Betty J. Barker, State Bar of California, 180 Howard Street, San Francisco, CA 94105.**